Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: <u>6/2</u> 5/67 Case #: <u>42-</u> 27 28-9	Address:	500 W Man S _ Granssy In _ 47240
County: Deen		47240
Type of Laboratory Scizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)	Seizure Location (c Residence Outbuilding Vehicle	heck all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom kitchen, open a (check all that apply) Lithium/Ammonia Reaction(s):		
Red Phosphorous/Iodine Reaction(s):		
Water Reactive Metal (Lithium): Anhydrous Ammonia:		
Corrosive Acid:		. ^
Other (item and location):		
Child under age 18 discovered (check one) Yes 2 (number present) No *If yes, fax report to Child Protective Services	Investigative Dephedrine/Dephedri	Pseudoephedrine Tracking Log
This report is to be faxed to the following agence	ies that serve the loca	ation;
Fire Department: Dec Co Child Protection Service:	Fax: (\$12) G Fax: (\$12) G Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Phone 212-631-5000		
** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing. *** This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.		